



COMMITTEE ID NUMBER (office use only)

PAC2022-05

MAR 3 0 2022

COMM

ETYPE (choose one):	Town of Cave Creek	
Candidate	EELKEMA TOWN COUNCIL	
Committee Name (required): (first or last name & office)		
Candidate Information:	Candidate's Name (required): PANL EECKEMA	
Candidate information.	Candidate's mailing address (required): 38726 N 57 <sup>th</sup> PC CAVEC	
	Candidate's email address (required): LC[Kema 4 Council 6) 6 MAII	
	Candidate's phone number (required): 707 54477 44	
	Candidate's website (if any):	
Office Sought (choose one):		
	□City/Town Office: TOWN COUNCIL □District (if applicable):	
	School Board Office:	
	□ Special District Board: □ District (if applicable):	
Election Cycle for Office Sou	ght (year the election will take place) (required): 2022	
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
(if sponsored, must include sponsor's name)	Contributions Contribute Polated Independent Support there	
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	
select any that apply)	La Dallot Measure Experioritures	
Sponsorship Information:	Sponsor's name or nickname (required):	
(if applicable)	Sponsor's mailing address (required):	
	Sponsor's email address (required):	
	Sponsor's phone number (if any):	
	Sponsor's website (if any):	
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)	
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)	
■ Political Party		
Committee Name (required): (must include party affiliation	,	
Jurisdiction:	State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	
	County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
Special Status	■ Standing Committee (must also complete separate standing committee registration)	

	<ul><li>Initial Application</li><li>Amended Application</li></ul>	
1	Date:	



Committee's phone number (if any): \_\_\_

PAUL EELKEMA
Committee's mailing address (required): 38926 N 574 PL CAVE CREEK

707544 7744

Committee's email address (required): PCEPLKEMA @ GMAIL . COM

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## COMMITTEE INFORMATION:

Contact Information:

	Chairperson's Information:	Chairperson's name (required):  Chairperson's physical address (required):  Chairperson's physical address (required):			
		Chairperson's mailing address (if different):			
		Chairperson's phone number (required): 707 54 4 274 4			
		Chairperson's employer (required):			
	Treasurer's Information:	Treasurer's name (required): PANLEECKEMA			
		Treasurer's physical address (required): 38926 N 57 <sup>TM</sup> PL CAVE CREEK A2			
		Treasurer's mailing address (if different):			
		Treasurer's email address (required): PCEEUCEMAD CMAIL COM			
	*	Treasurer's phone number (required): 7025447744			
		Treasurer's employer (required):			
		Treasurer's occupation (required):			
	Bank or Financial Institution:	Bank name (required): WELLS FARGO			
		Additional bank name (if applicable):			
		Additional bank name (if applicable):			
DECLAR	ATION AND SIGNATURES:				
,					
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.					
	Chairperson's signature:	and Eulerne Date: 3/30/22			
	Treasurer's signature:	Paul Eelkan Date: 3/30/22			
	Candidate's signature (if appl	Paul Eelkann Date: 3/30/22  Date: 3/30/22  Date: 3/30/22  Date: 3/30/22			

Date: _	
Date: _	



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PACAOS -05

## COMMITTEE INFORMATION:

	Committee name: EECKEMA TOWN COUNTY	ICIL			
	Mailing address: 36926 N 57 <sup>Th</sup> Pc CAVE	CAEK AZ 85331			
	Email address: PCEELKEMA (W GMAIL, CO)	in			
	Phone number: 7075447744	-			
	Website:				
	Chairperson name: PAUL EŁUKEMA				
	Treasurer: PAUL FEVKEM A				
DECLARA	I declare under penalty of perjury that the foregoing information is true and correct receive any contributions or make any disbursements; (2) the committee either (a) outstanding debts or obligations that are all more than five years old, and the committee and believe and believe that the termination of the committee; (3) any supplier of the committee; (4) any supplier of the committee; (4) any supplier of the committee; (5) any supplier of the committee; (6) any supplier of the committee of the committe	has no outstanding debts or obligations, or (b) has mittee's creditors have agreed to discharge the debts			
	and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.				
	Chairperson's signature: Paul Eilleane	Date: 3/30/22			
	Treasurer's signature: Paul Ecthama	Date: 3/30/22			
	Candidate's signature (if applicable): Paul Eulkun	Date: 3/30/22			